



# Incident Report

**Print Date/Time:** 09/07/2016 10:35  
**Login ID:** ss0100

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00017270

**Incident Date/Time:** 8/31/2016 4:12:00 PM  
**Location:** SR 9 NE / SOPER HILL RD  
LAKE STEVENS WA 98270  
**Phone Number:** (425) 387-3888  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19S11	SS0071-Valvick

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	DAVIS, CRAIG		(425) 387-3888			

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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08/31/2016 : 16:13:52 SP0416 Narrative: BCST

08/31/2016 : 16:13:18 SP0368 Narrative: AC, NON INJ, NON BLKING, LT BLU HONDA PC VS WHI PU, VEHS ON NB SR 9

## COLLISION REPORTS

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E578447**CASE # **2016-16879**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS**01**OBJECT  
STRUCK**UTILITY POLE**TRIBAL  
RESERVATION

M M D D Y Y Y Y TIME (2400)

COUNTY #

MILES

CITY #

DATE OF  
COLLISION**08****- 26****- 2016****0317****31****N****E****IN****OF****0664**

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☐NON-INTERSECTION ☒**N. DAVIES RD**BLOCK NO. ☒**9400**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES

**N****E****S****W**

UNIT 01

MOTOR  
VEHICLE☒PEDAL-  
CYCLE☐

DAMAGE THRESHOLD MET

YES ☒NO ☐

PHONE

LAST NAME

**MINNICH**

FIRST NAME

**JACOB**MIDDLE  
INITIAL**A**STREET  
NEW ADDRESS**17215 PINON DR**

CITY

**PERRIS**

ST

**CA**

ZIP

**925700000**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #**B5231497**

STATE

**CA**

SEX

**M**D.O.B.  
MMDDYYYY**02****- 24****- 1977**ON DUTY ☐

STATUS

AIRBAG

**6**

RESTR.

**9**

EJECT

**1**HELMET  
USE**2**INJURY  
CLASS**1**

NATURE OF INJURIES

LICENSE  
PLATE #**435XXY**

STATE

**WA**

VIN#

**WBAVB13596PS65252**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

**2006**

MAKE

**BMW**

MODEL

**3254D**

STYLE

**SD**VEHICLE TOWED  
YES ☒NO ☐

TOWED BY

GOVT. VEHICLE  
YES ☐NO ☒REGISTERED OWNER INFO. **JOSH HARRIS PO BOX 70367 SEATTLE WA 98127**LIABILITY INSURANCE  
IN EFFECT☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDINGYES ☐NO ☐

CITATION #

CHARGE

UNIT 02

MOTOR  
VEHICLE☐PEDAL-  
CYCLE☐

PEDESTRIAN

☐PROPERTY  
OWNER☐

DAMAGE THRESHOLD MET

YES ☐NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX

D.O.B.  
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET  
USEINJURY  
CLASS

NATURE OF INJURIES

LICENSE  
PLATE #

STATE

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED  
YES ☐NO ☐

TOWED BY

GOVT. VEHICLE  
YES ☐NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE  
IN EFFECT☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDINGYES ☐NO ☐

CITATION #

CHARGE

OFFICER'S NAME (PRINT)

**K. PARNELL**

BADGE OR ID #

**0135**

AGENCY

**WA0311900**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E578447**CASE # **2016-16879**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>MCAFFEE STEVEN P</b>																		
ADDRESS & PHONE # <b>15322 99TH DR NE ARLINGTON WA 98223 4258708803</b>														SEX <b>M</b>	D.O.B. MMDDYYYY <b>11</b>	-	<b>07</b>	-	<b>1967</b>	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

**NARRATIVE**

Veh. 1 was driving eastbound on the 9400 block of N. Davies. Veh. 1 drove over the roundabout. The right rear of Veh. 1 impacted a utility pole. Veh. 1 spun EB before finally stopping, blocking both lanes. Several airbags deployed. The driver was evaluated by aid for injuries and released. The veh was towed at driver's request.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**K. PARNELL**
**08-27-16 06:17 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**W. AUKERMAN 0072**

DATE

**8/29/2016 7:17:56 AM**

BADGE OR ID #	<b>0135</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>3:18 AM</b>	TIME POLICE ARRIVED	<b>3:22 AM</b>
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REPORT NO. E578447

CASE # 2016-16879

DATE AND TIME  
OF COLLISION 08/26/16 03:17

